

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12	1					
13	*	1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23		1				
24		1				
25	1	*				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	28					
TOTAL CLAIMS	38					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS